

# Basic First Aid Review

## Responsibilities of a First Aid Provider:

### 1. Recognize the need for medical assistance

Signs may include: a person in an unusual position, a person trying to get your attention with words, sounds, movements or gestures, an odd gathering of people, a change in the environment such as equipment or supplies in an unusual position (like wood that has fallen over), etc,

### 2. Deciding to help

- A. Don't let your fears stop you. Generally you can only make things better by helping. For instance, someone who needs CPR is technically "dead", you can't make that any worse. If nothing else, you can get professional help coming and provide comfort and reassurance to the injured.
- B. Washington state has a Good Samaritan law, which protects those who provide first aid in emergency situations.
- C. Even if it looks like there are several people there, it is a good idea to stop and ask if EMS has not yet arrived. You may have more training than those that have already stopped.

### 3. ID hazards and ensuring personal safety

Your first concern should always be your own safety. It is only sensible to not make a bad situation worse, by adding another victim. Use the acronym SETUP to help you remember how to assess an emergency:

S = Stop! Take a minute to pause and look around, give yourself a chance to see the complete situation.

E = Environment. Look for potential hazards that could harm you or others, such as

T = Traffic. Take care to warn approaching traffic when possible.

U = Unknown hazards. Keep alert for developing hazards, such as fire, smoke, hazmat, flooding, falling objects, etc. It may be necessary to leave the scene.

P = Protect self and patient from infection. Use gloves, breathing masks or other materials to prevent contact with body fluids.

### 4. Activate Emergency Medical Services system

Get Assistance as needed, as soon as possible. Leave someone with the injured person whenever possible, while a 2<sup>nd</sup> person gets help. Be sure to inform a safety officer, a mentor, parents, 9-1-1 as needed.

5. Provide supportive care until assistance arrives.
  - A. Introduce yourself to the patient (if you aren't acquainted), tell them you are trained in first aid and ask if they want assistance. Do this even if they are unresponsive or unconscious. If they don't respond, tap their shoulder and loudly ask "Are you OK?" It is assumed that unresponsive people would say "Yes" if they could.
  - B. Don't Move Rule: Don't move a seriously injured person, especially if they may have back or neck injuries unless they are in a dangerous location or they aren't breathing (in which case you open the airway). If you do have to move someone, move them as little as possible and try to find a way to support the back and neck. If spinal injury is suspected, provide support to the head by placing hands on either side of the head and hold it in the position it was found.
  - C. Triage: Do a quick assessment to decide what's wrong and if more than one person, what order to help, this is called "triage". Often the person complaining is not the one to worry about.
    1. Use the ABC's: Airway, Breathing, Circulation. If any one of these three things is a problem this is urgent and needs immediate care.
    2. To identify further problems, do a quick check, use the acronym DOTS. D = deformities (things out of usual alignment), O = Open wounds/bleeding, T = Tenderness, S = Swelling. Look and feel for any of these problems.
    3. If the patient is conscious, you can ask them what happened. use the acronym SAMPLE: S = Symptoms (what's wrong), A = Allergies (do they have any), M = Medications (are they on any, what for), P = Past history (has this happened before?), L = Last oral intake (eat or drink), E = Events (what happened) Do a separate assessment as well, sometimes the injured person is shocky or full of adrenaline that can keep them from a full awareness of their situation.
  - D. Provide aid as needed according to the training you have had. Provide ongoing assessment until you are relieved by EMS or situation is under control.
6. Keep a record of ALL injuries in the Safety Log. It is important to keep track of injuries. This allows the team to learn how to prevent problems and gives us a record in case of questions about any injuries.

# Injury

Bruises happen when struck hard enough to break blood vessels under the skin. This causes discolored areas (blueish purple) and may cause raised areas or swelling.



Burns happen when the body comes in contact with hot objects. 1st degree burns show red skin, feel hot, and hurt when touched. 2nd degree adds blisters. 3rd degree the skin is 'cooked' looking white or black or may have open areas where surface is missing.



Cuts happen when the skin is opened by contact with a sharp object. Cuts are generally narrow. Scrapes happen when skin is lost through friction. Scrapes may cover wider areas of skin with reddened areas between the open wounds. In either case the skin is no longer whole, it may bleed or not depending on depth. It usually stings or hurts. Deep cuts may cause severe bleeding which can be life threatening.



Electrical shock happens when come in contact with live wires or other conducting objects. Small shocks may show a burn or cause numbness and/or tingling in the nerves. Larger shocks may cause muscles to convulse and interfere with heart, lung or brain function. Severe shocks can lead to death.



# Treatment

# Treatment

Ice the area, but not directly on skin. Watch for large swellings (bigger than an egg), these may need a doctor's attention. Inform parent.

1st or 2nd-apply cool running water or ice pack, may apply burn gel, cover to keep clean. 3rd-cool if possible but NO running water (can cause infection), cover lightly, inform parent. Call 911 if large area affected.

Small-rinse clean, pressure, cover to keep clean. bandage so that edges come together. Large-cover, apply pressure, raise above heart level. If bleeding continues, add more layers (removing layers can reopen), use pressure points to control serious bleeding, get help.

If possible, remove patient from contact with live charge using an insulated non-conductive object (without you touching!), treat any burns. Watch for bigger problems such as muscle spasms, chest pain, erratic breathing and call 911 if seen. Inform parent.

## Injury

## Treatment

## Treatment

Eye irritants happen when something gets into the eyes (chemicals or woodchips) and hurts the surface, either through cuts, scrapes, burns, etc. The eye is particularly sensitive, so even small things can cause a great deal of pain. Because of the potential vision loss, eye irritants need quick attention.



If item on surface-flush with lukewarm water or carefully use Q-tip or corner of gauze pad to remove. If a caustic substance, flush with water for 15-20 minutes. If there is a scratch or puncture, cover both eyes with loose dressings. Inform parent and contact 911/poison control as needed.

Puncture wounds happen when an object pierces the skin, usually something sharp and narrow (like a nail). These are a type of 'cut' that needs special attention because the narrow opening increases the likelihood of infection.



Allow a little bleeding to aid cleaning out. Hydrogen peroxide can kill bacteria. Inform parent, check Tetanus booster. Clean, cover, pressure.

Splinters and slivers happen when an object (usually thin and pointed) is pushed under the skin. Once the item is removed, you have a puncture wound and should treat it accordingly.



If small and near surface-remove object with care, treat like puncture wound. If large or deep-do not remove object, cover, use pressure points to control bleeding. Call 911 and/or inform parent.

Medical shock is a condition that happens when the body has been severely injured. It is a defense mechanism that causes a lack of blood flow to the organs. Skin feels cool and clammy and may look blue, breathing may be irregular (too slow or fast), pulse may be weak and rapid with low blood pressure, may feel nauseated, pupils may be dilated and person may have unfocused stare, may be confused or unconscious.



Keep person calm, reassure them. Make comfortable, loosen clothing. Temperature control (blanket if cold, shade if hot). As long as injuries allow, turn onto back and elevate feet and arms. If vomiting or bleeding from mouth, turn onto side. Don't give any fluids if possible internal problems. Watch breathing and pulse, correct as needed. Treat other injuries.